

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726172

FILED
Apr 18, 2007
Secretary of State

Entity Name: LAKELAND AREA CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

35 LAKE MORTON DR
35 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3607
LAKELAND, FL 338023607 US

New Mailing Address:

FEI Number: 59-7292186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUNSON, KATHLEEN L
35 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DURRENCE, LARRY DR.
Address: 1410 BRIARWOOD LANE
City-St-Zip: LAKELAND, FL 33803 US

Title: PSD () Delete
Name: MUNSON, KATHLEEN L
Address: 35 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

Title: D () Delete
Name: SHAW, MAUREEN
Address: 1125 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805 US

Title: T () Delete
Name: TARR, GARY
Address: 2222 INTERSTATE DRIVE
City-St-Zip: LAKELAND, FL 33805 US

Title: D () Delete
Name: NORIS, PAUL
Address: 4100 FRONTAGE ROAD SOUTH
City-St-Zip: LAKELAND, FL 33815 US

Title: D () Delete
Name: MILLER, MARK
Address: ONE LAKE MORTON DRIVE
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOPPE, JONN
Address: 225 E LEMON ST
City-St-Zip: LAKELAND, FL 33801 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: SHAW, MAUREEN
Address: 1125 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NORIS, PAUL
Address: 101 S. FLORIDA AVE.
City-St-Zip: LAKELAND, FL 338014619 US

Title: D (X) Change () Addition
Name: TIMOTHY, CAMPBELL
Address: 500 S FLORIDA AVE, STE 800
City-St-Zip: LAKELAND, FL 33801 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN L MUNSON

P

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date